



PATENT  
450100-03199

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Masakazu HAYASHI et al.

Serial No. : 09/845,382

For : METHOD AND APPARATUS FOR DISPLAYING  
INFORMATION AND PROGRAM AND MEDIUM  
USED THEREFOR

Filed : April 30, 2001

Examiner : F. Nguyen

Art Unit : 2674

**RECEIVED**

SEP 29 2003

Technology Center 2600

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: Mail Stop AF, Commissioner for Patents, P.O.  
Box 1450, Alexandria, VA 22313-1450, on September 18,  
2003.

**Dennis M. Smid, Reg. No. 34,930**

(Name of Applicant, Assignee or Registered Representative)

Signature

September 18, 2003

Date of Signature

**AMENDMENT AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

09/26/2003 MBIZONES 00000027 09645362

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672.00 29

Dear Sir:

In response to the Office Action of June 18, 2002, please amend the above-  
referenced application as follows:



PATENT  
450100-03199

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	24	Minus	** =36	* 0 x	\$18 (9)	= \$ 0
Independent claims	12	Minus	*** =4	* 8 x	\$84 (42)	= \$ 672
Total additional fee for this amendment						\$ 672

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$672.00 is attached, which covers the cost of additional claims.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

September 18, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By: 

Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800